

FEB 17 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	:
CARL KUBITZ	: Examiner Manuel L. Barbee
Filed: 08/05/2003	: Art Unit 2857
Title: SYSTEM AND METHOD FOR TESTING OF	:
TRANSACTION INITIATION DEVICES IN ELECTRONIC	:
FUNDS TRANSFER SYSTEMS	:
Serial No.: 10/635,420	:

M.S. AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

This Amendment is responsive to the Office Action dated November 17, 2004.
Please amend the above-identified application as follows:

FEB 17 2005

PTO/SB/21 (02-04)

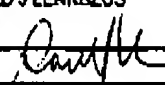
Approved for use through 07/31/2008, OMB 0661-0031

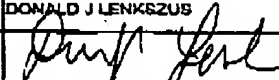
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,420	
	Filing Date	08/05/2003	
	First Named Inventor	CARL KUBITZ	
	Art Unit	2857	
	Examiner Name	Manuel L. Barbee	
Total Number of Pages In This Submission	12	Attorney Docket Number	LXL-POS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DONALD J LENKSZUS
Signature	
Date	FEBRUARY 17, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	DONALD J LENKSZUS
Signature	
Date	FEBRUARY 17, 2005

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